

Provider Insider

Alabama Medicaid Bulletin

September 2004

The checkwrite schedule is as follows:

09/03/04 09/10/04 10/01/04 10/15/04 11/05/04 11/19/04 12/03/04 12/17/04

As always, the release of direct deposits and checks depends on the availability of funds.

Medicaid Implementing New Patient 1st Program

Implementation of the new Patient 1st Program has begun. As stated in the last Provider Insider, the program will be implemented in phases which will take place over a four-month period. Counties were divided into four groups with each group having staggered start dates to facilitate the enrollment phases. This process started June 10, 2004.

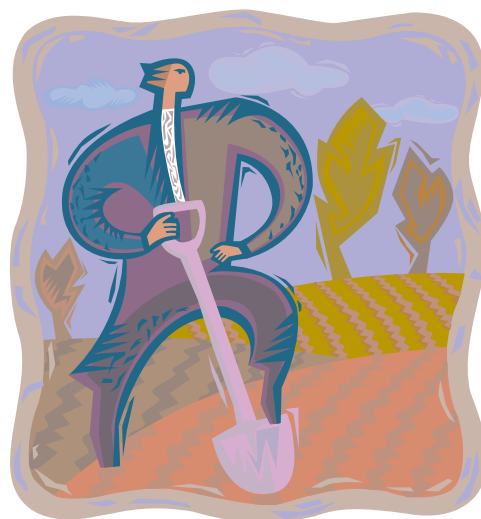
The first group of enrollment packets went out June 10, 2004 to providers in Baldwin, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Hale, Marengo, Mobile, Monroe, Perry, Sumter, Washington, and Wilcox counties. These counties are to be operational October 1, 2004.

Enrollment packets for providers in group two went out July 9, 2004 and included Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, and Russell counties. The start date for these counties is November 1, 2004.

Packets for group three providers went out sent August 6, 2004 and include Calhoun, Cherokee, Clay, Cleburne, Colbert, Coosa, DeKalb, Etowah, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Randolph, Talladega, and Tallapoosa counties. These counties will be operational in December 1, 2004.

Providers in group four will have enrollment packets sent out on September 10, 2004 and include Bibb, Blount, Chilton, Cullman, Fayette, Jefferson, Lamar, Pickens, Shelby, St. Clair, Tuscaloosa, Walker, and Winston counties. These counties are to be operational January 1, 2005.

Providers can contact Paige Clark (334-242-5148) or Gloria Wright (334-353-5907) for questions regarding the implementation process of the new Patient 1st Program. In addition, information concerning the program is available on Medicaid's website at www.medicaid.state.al.us. This information includes a Patient 1st slide presentation, the enrollment packet cover letter, application/contract documents, new Patient 1st forms, the Patient 1st implementation schedule and a color coded implementation map by county.



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ATTENTION PHYSICIANS

Alabama Medicaid is reinstating the physician office visit limit of 14 per calendar year. The change will be effective retroactive to May 1, 2004. Providers' claims for services provided that have been denied will be reprocessed.

New Coverage Policy for Cosmetic Drugs

Effective August 2, 2004, Alabama Medicaid discontinued coverage of cosmetic drugs with only FDA approved cosmetic indications. In addition, drugs with FDA approved cosmetic and off label non-cosmetic indications will be non-covered.

Modifier 91- Repeat Clinical Diagnostic Laboratory Test

Modifier 91 may be utilized to denote a repeat clinical laboratory test performed on the same date of service for the same recipient. Providers are to use Modifier 91 instead of modifier 76 for repeat lab procedures. An example is:

Date of Service	5/1/04	5/1/04
Procedure	82805	82805-91
Place of Service	22	22
Units of Service	1	1

Guidelines for Processing Claims

Following these guidelines will help with the accurate and timely processing of your claims.

- Please **AVOID** the use of hand-written claim forms. These are extremely difficult to read and many times, must be returned for more legible copies.
- Please ensure the claim is printed with good quality, dark black ink.
- Please ensure all required fields on the claim are completed and are legible.
- Please ensure the correct billing and performing provider numbers are present on the claim.
- Please ensure the appropriate provider signature is present on the claim.



Surgeons Responsible for Hysterectomy and Tubal Ligation Consent Forms

Surgeons are responsible for submitting hard copy hysterectomy and tubal ligation consent forms to EDS at P.O. Box 244032, Montgomery, AL 36124 Attn: Desiree Nelson. Hysterectomy and tubal ligation consent forms are scanned and matched electronically with the related claims before processing. It is imperative consent forms are submitted timely to allow all providers (e.g., surgeons, anesthesiologists, hospitals, etc.) reimbursement. Claims submitted prior to consent forms are denied. Multiple complaints have been received.

Medicaid Introduces Therapeutic Duplication Edit

Effective June 1, 2004 Medicaid implemented a therapeutic duplication edit for the narcotic analgesic class. Therapeutic Duplication is the prescribing of two or more drugs from the same therapeutic class such that the combined daily dose increases the risk of toxicity or incurs additional program costs without additional therapeutic benefit. This edit warns the pharmacists when a claim is submitted for a systemically absorbed drug in the same therapeutic class or a non-systemically absorbed drug with the same route of administration as another drug in the patient's active medication history. The therapeutic duplication edit takes into consideration the exhaustion of previously dispensed medications by calculating the days supply and the dispensed date.

Medicaid Prescription Limitations

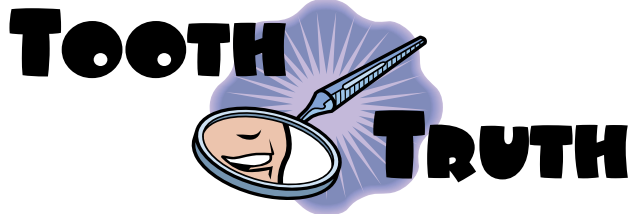
Effective July 1, 2004, Alabama Medicaid limited the number of brand name prescriptions to four per month per recipient. There is no limit on the number of generics and over-the-counter prescriptions. Medicaid allows for prescriptions to exceed the four (4) brand limit for anti-psychotic and anti-retroviral medications, but in no case can the limit exceed ten (10) brand name drugs per month per recipient. Children under the age of 21 and recipients residing in a nursing facility are exempt from the prescription limit.



REMINDER



Effective for dates of service on and after October 1, 2004, Medicaid will no longer apply the 90-day grace period (October 1 through December 31) for billing discontinued ICD-9 Diagnosis codes. Also, effective for dates of service on and after January 1, 2005, Medicaid will no longer apply the 90-day grace period (January through March 31) for billing discontinued HCPCS codes. This is in accordance with CMS requirements.



Crown and Post & Core Postoperative Periapical Film Required

Permanent crowns (D2750, D2751, D2752, D2792) and post & cores (D2952, D2953, D2954, D2957) require a post-treatment periapical film (BWXR or panoramic films are not acceptable) be taken and maintained on file. Failure to adhere to this requirement may result in recoupment for these procedures.

Post & Core Requirements

To qualify for coverage, posts must be radiographically visible and distinct from the obturation material. Posts made in the office solely by flowing or compacting materials into the canal(s), such as resins, polymers, acrylics, amalgams, etc. are not covered. Posts which extend less than one-half the distance of the root length, measured from the cemento-enamel junction to the anatomic root apex, are not covered.

Root Canal Treatment Not in Medicaid Claims History

The recipient must be eligible for Dental services and be ages 15 -20. If completed endodontics is not in Medicaid Claims History, send a completed clean claim with a postoperative periapical film (BWXR or panoramics are not acceptable) taken **AFTER** the crown has been inserted.

Send claim and periapical film requesting an override directly to Tina Edwards, AL Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103-5624.

Dental Providers are Giving Incorrect Information

Medicaid has determined by researching dental claims that providers are not submitting with outpatient (22) and inpatient place of services (21) but keying them as office (11). These patients



have hospital charges for the dates of service in question. If you have billed for claims and did not submit the correct place of service, you need to contact Cyndi Crockett at 334-215-4170. This billing practice will be considered fraudulent billing. Provider representatives will be calling you to discuss these situations.

Billing With the Oral Cavity Designation Codes

Currently Medicaid is working to correct a problem in the system where the oral cavity designation codes are denying for denial code 501, previously paid. The system is paying the first line and denying the next values. In the interim, please follow these rules in billing. Place the oral cavity designation code in the tooth number field **UNLESS** you are using Full Mouth Code 00. When using Full Mouth Code 00, you may enter that in the oral cavity designation field. If you have questions or had claims denied with these values, please call Tina Edwards at 334-242-5472 for clarification.

Films Submitted With Prior Authorization Requests

Effective July 1, 2004, radiographs sent with Prior Authorization Requests must be current (taken within the last year).

Visit Alabama Medicaid *ONLINE*



www.medicaid.state.al.us

Providers can :

- ◆ **Print Forms and Enrollment Applications**
- ◆ **Download Helpful Software**
- ◆ **Obtain Current Medicaid Press Releases and Bulletins**
- ◆ **Obtain Billing and Provider Manuals and Other General Information about Medicaid**

Change in Medicaid Coverage for the Pulse Oximeter

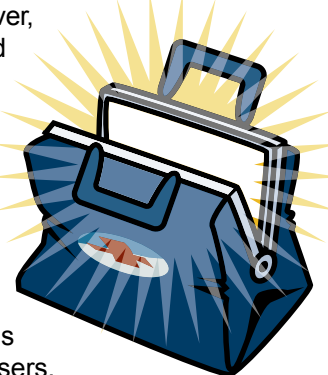
The Pulse Oximeter must be an electric desk top model with battery backup, alarm systems, memory and have the capacity to print downloaded oximeter readings. The downloads for each month of the most current certification period are required for all recertification requests. Recertification is required until the recipient no longer meets criteria or the device is removed from the home. This equipment will be rented for \$150 per month for a capped rental not to exceed \$1500 (\$150 per month for up to 10 months). The monthly payment will include delivery, in-service for the caregiver, maintenance, repair, supplies and 24-hour service calls. If the pulse oximeter is determined not to be medically necessary (criteria no longer met), the oximeter will be returned to the supplier and may be rented to another client who meets criteria for pulse oximeter.

The Medicaid Agency will pay for repair of the pulse oximeter after the initial 10 months only to the extent not covered by the manufacturer's warranty. Repairs must be prior authorized and the necessary documentation to substantiate the need for repairs must be submitted to EDS who will forward this information to the Alabama Medicaid Agency Prior Authorization Unit.

Replacement of the pulse oximeter will require prior authorization and will be considered after three (3) years based upon the review of submitted documentation. If the replacement is due to disaster or damage which is not the result of misuse, neglect or malicious acts by users, then requests for consideration of payment for replacement equipment must be submitted to the Alabama Medicaid Agency, Long Term Care Division with a police report, fire report or other appropriate documentation. In addition, one reusable probe per recipient per year will be allowed after the initial 10 months capped rental period.

Pulse oximeter requests for renewal will not be approved after the initial monitoring/evaluation period of up to 30 days for those recipients not meeting criteria for oxygen coverage. Spot oximetry readings are a non-covered service under the DME program.

NOTE: At no time should the monthly reimbursement for the pulse oximeter exceed \$150.00. For example: During the month of June a recipient receives three days of short-term pulse oximetry at \$40.00 per day. The provider is reimbursed \$120.00. The recipient is subsequently certified for initial approval for 90 days during June. The provider may only receive additional reimbursement of \$30.00. If you have additional questions or need further clarification, please contact LTC Provider/Recipient Services at 1-800-362-1504.



New Procedure Code Changes

The following are procedure code changes issued by Alabama Medicaid that went into effect on July 1, 2004:

New E0562 (R) Heated Humidifier used with the positive airway pressure device

New E1372 (R) Immersion External Heater for the nebulizer (donut heater)

NOTE: Prior to July 1, 2004 the devices mentioned above were requested using E1399-EP. The procedure codes will still require prior authorization.

Old K0135 Intermittent Urinary Catheter, straight tip will be replaced with

New A4351 Intermittent Urinary Catheter, straight tip, with or without coating (telfon, silicone, silicone elastomer, or hydrophilic, etc.) each.

Effective July 1, 2004 the following supplies are covered for all Medicaid recipients:

A7520 Tracheostomy/Larngectomy tube, non-cuffed, polyvinylchloride (PVC) silicone or equal, each

A7515 Tracheostomy mask, each

A7526 Tracheostomy, tube collar/holder, each

A4623 Tracheostomy, inner cannula

Effective July 1, 2004 the Alabama Medicaid Agency will provide the following coverage for Overnight Pulse Oximetry:

A daily rate of \$40.00 per day for up to three (3) days may be reimbursable for oximetry encounters. An oximetry encounter consists of, at a minimum, overnight oximetry of at least six (6) hours duration. Encounters performed in the home must be billed as applicable using CPT Code E0445 (P). "Spot oximetry" is not covered under this policy.

REMINDER

When completing blocks 24A through 24K on the CMS-1500 form, please do not add narrative descriptions of the procedure codes to the detail lines. Blocks 24A through 24K should not contain anything but the specific information required to complete the claim form. Using Additional narrative information is not necessary and causes delays in the processing time.

REMINDER

ALABAMA MEDICAID

In The Know

General Information Providers Need to Know When Billing to the Alabama Medicaid Agency

Electronic Delivery of ALERTS, Provider Insiders and Provider Notices

EDS has developed a new electronic distribution process in an effort to give providers faster access to important Medicaid information. Providers who wish to participate in the Electronic Delivery Enhancement can receive Alerts, the Provider Insider and Provider Notices via E-Mail or facsimile. If you would like to participate, use the form on page six of this Provider Insider to indicate the preferred delivery method and the related information. Please read over the below instructions prior to completing the form.

1 If completing this request to update a business/facility, such as a Durable Medical Equipment (DME) facility, please indicate the name of the business/facility. If completing this request to update a group/payee, such as a physician practice, indicate the group/payee/practice name. Please be aware that the delivery of electronic alerts/notices will be made only in the method selected to only the provider indicated. Only one Electronic alert/notice will be sent to a group/payee.

2 Indicate the eight to nine character provider number assigned under the provider name indicated in Section 1.

3 Options are offered to allow providers to receive Alerts, Provider Insiders and Provider Notices via e-mail or facsimile. Please indicate how your office would prefer to receive such documents. Only one option may be chosen.

Providers who indicate the media of E-mail will receive Alerts, Provider Insiders and Provider Notices in an Acrobat (PDF) format via e-mail. These documents will be forwarded to the e-mail address provided.

Providers who indicate the media of facsimile will receive Alerts, Provider Insiders and Provider Notices via facsimile. These documents will be faxed to the facsimile number provided.

If you are a Patient 1st Program enrollee who has indicated in your Patient 1st enrollment forms that you will participate in the Electronic Notices component, this form must be completed and returned to EDS in order for the Electronic Notices component fee to be added as part of your monthly case management fees.

If you have any questions concerning this form, please feel free to contact us at 1-888-223-3630 (in Alabama) or 334-215-0111 (outside of Alabama).

ELECTRONIC DELIVERY FORM

Please indicate only one provider name and number in the spaces below.
Please ensure the number indicated is assigned to the provider whose
name is indicated.

1) BUSINESS / GROUP / PROVIDER NAME

2) ALABAMA MEDICAID PROVIDER NUMBER

3) ALERTS / INSIDER / NOTICE (Please Check one option below:)

A) E-MAIL _____

(If checked, please include an E-Mail address in the space provided.)

B) FAX _____

(If checked, please include a FAX telephone number in the space provided.)

I certify that, to the best of my knowledge, the information supplied in this
request is accurate, complete and is hereby released to EDS for the purpose of
updating the Alabama Medicaid number (s) assigned to the named provider (s).

SIGNATURE

SIGNATURE DATE

PRINT NAME AND TITLE OF PERSON SIGNING

(Signature must be hand written and must be the signature of personnel
authorized to make changes for the named provider (s). Black ink is required.)

Mail the completed form to the Provider Enrollment Team, P O Box 241685,
Montgomery, AL 36124 or FAX to (334) 215-4298.

EDS Provider Representatives

G R O U P 1

North: Jenny Homler, Karen Hutto, and Marilyn Ellis

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston



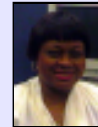
jenny.homler

@eds.com
334-215-4142



karen.hutto

@alxix.slg.eds.com
334-215-4113



marilyn.ellis

@eds.com
334-215-4159

South: Melanie Waybright and Denise Shepherd

Autauga, Baldwin, Barbour, Bullock, Butler, Chambers, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, Wilcox

Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology



melanie.waybright

@alxix.slg.eds.com
334-215-4155



denise.shepherd

@alxix.slg.eds.com
334-215-4132

CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric
(Optometrists and Opticians)

G R O U P 2

Rehabilitation Services
Home Bound Waiver
Therapy Services
(OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Hearing Services
Mental Health/Mental Retardation
MR/DD Waiver
Ambulance
FQHC



stephanie.westhoff

@alxix.slg.eds.com
334-215-4199



tracy.ingram

@alxix.slg.eds.com
334-215-4158

Public Health
Elderly and Disabled Waiver
Home and Community
Based Services
EPSDT
Family Planning
Prenatal
Preventive Education
Rural Health Clinic
Commission on Aging
DME
Nurse Midwives

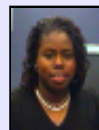
G R O U P 3

Ambulatory Surgical Centers
ESWL
Home Health
Hospice
Hospital
Nursing Home



ann.miller

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334-215-4130

Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

New Version of Provider Electronic Solutions Software Available Soon

EDS will be releasing a new version of the Provider Electronic Solutions software. The new version (V2.04) will be available in the next few weeks. Consult the Alabama Medicaid website for updates on the release date. The new version contains the following enhancements:

- Inpatient dental claims (POS 21) can be billed
- Procedure Codes are now optional on Outpatient claims
- Database sizes for various 'LISTS' have been increased
- Occurrence Code List has been updated
- Sort Capability on the Prescriber List has been corrected
- A new transaction called Household Inquiry has been added

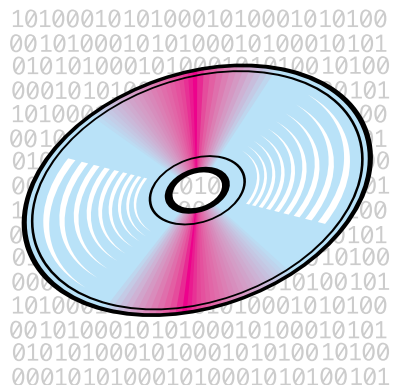
The Household Inquiry option allows users to look up a household member's Recipient Identification Number using the parent/guardian's RID and the household member's Date of Birth.

Provider Electronic Solutions Version 2.04 upgrade and full install, can be downloaded from the Medicaid website. To download the software, please go to the Alabama Medicaid website at:

<https://almedicalprogram.alabama-medicaid.com/secure/logon.do>

Click on WEB help, scroll down to the software download section, and download the software. If you currently have any version prior to 2.03 installed, you must upgrade to 2.03 before attempting to upgrade to 2.04.

For further assistance, or to request the software on CD, please contact the ECS helpdesk at (800) 456-1242.



**Alabama
Medicaid
Bulletin**

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